FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V25017

1. Corporation Name

ALL TRADE BUSINESS FORMS, INC.

ALL ITT	ADE DOGINATOS I OLINO, IN	υ.					·	
Section 2 to a section of the sectio								
Principal Plac	e of Business	Mailing Address			r single delinin tehne diet delen enter inde diet er	BIT BIBIT BIBIT	#1611 #1811 1861	
5349 N.W. 35		5349 N.W. 35 AVE.						
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309					DO NOT MIDITE IN THE	CD10E		
US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		į	
2. Principal Place of Business 2a. Mailing Address					03/30/1992 4. FEI Number	ΙΔ.	pplied For	
-					65-0329357	_ 	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	etc.				Additional		
	with the second	27		5. Certificate of Status Desired Fee Required				
22) City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees				
Zip			Country		8. This corporation owes the current year Inter-	angible		
24	25	29 30		_	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre				10. Name and Address of New Registered	Agent		
			81	Name			1	
KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
	TE 700		83		1. 1. 1	£ . • ,	-,	
	MI FL 33131		84				· · · · · ·	
				City	FI:	85 Zip	Code	
44 Duraumat	to the regulations of Continue 607.06	02 and 607 1508 Florida Statutes 1	he above	e-named con	poration submits this statement for the purpose of	changing its	s registered	
office or (registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was autho	nized by	the corporat	ion's board of directors. I hereby accept the appoir	ntment as re	agistered	
SIGNATURE	•							
SIGNATURE	Signature, typed or printed name of registered ag-			nt signature requin	ed when reinstating) OATE	- DIDEOT	222	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	ORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE			☐ Criainge	L Addition	
NAME	FIORANI, MARIO		1.2 NAME				·	
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP			Change	- Addition	
TITLE	1	DVS DELETE 2.17				☐ Change	☐ Addition	
NAME	PIERANTONI, DANILO		2.2 NAME					
"STREET_ADDRESS			2.3 STREET	T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP					
TITLE	DELETE 3.1		3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP				
TITLE	☐ DELETE		4.1 TEILE			Change	☐ Addition	
NAME		İ	4. 2 NAME					
STREET ADDRESS		ł	4.3 STREET	TADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY-S	T-ZIP				
TITLE	DELETE		5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME	ļ				
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP	1		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME		•	6.2 NAME					
CTDEET ADDDEED	,		6.3 STREE	T ADDRESS				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90020 021 ***150.00